

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000024642

1. Entity Name
LANTILA, INC.



Principal Place of Business
**7614 SENRAB DRIVE
BRADENTON, FL 34209**

Mailing Address
**7614 SENRAB DRIVE
BRADENTON, FL 34209**



03172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3575762

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUNN, R T
7614 SENRAB DRIVE
BRADENTON, FL 34209**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000472846
03/30/06-80009-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	DUNN, R T
STREET ADDRESS	7614 SENRAB DR
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	P
NAME	COBLENTZ, ANDREW
STREET ADDRESS	ROAD ONE
CITY-ST-ZIP	LAKE TOXAWAY, NC 28747
TITLE	T
NAME	DOLEATTO, LUIGI
STREET ADDRESS	2462 BELVOIR BLVD
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	V
NAME	SCORSONE, NICK
STREET ADDRESS	ANTIGUA PLACE
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

R.T. Dunn (R.T. Dunn) 3-17-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-491-9838